PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## UTILITY PATENT APPLICATION **TRANSMITTAL**

| Attorney Docket No. First Inventor |                  | P-2354.CIP2                    |    |  |
|------------------------------------|------------------|--------------------------------|----|--|
|                                    |                  | DRAGAN et al                   | V. |  |
| Title                              | Dental Capsule t | or Placement Reduced Extrusion | -  |  |

27 CER 4 52(b)) Express Mail Label No. EL 834263895 US

| (Unly for new nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | applications under 37 CFR 1.53(b))                                                                                                                                                                                                                                                             | <u> </u>    | p. 000 fi                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | am4 Carra                                                             | ioo!o-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | or for Potents                                            |
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| APPLICATION ELEMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                |             | ADDF                                                                                                                                                                                                                                                                                                                                        | RESS TO: Box F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | atent App                                                             | licatior                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                           |
| See MPEP chapter 600 concerning utility patent application contents.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ington, Do                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |
| Fee Transmittal For (Submut an original and a due) Applicant claims sm See 37 CFR 1.27.  Specification (preferred arrangement see - Cross Reference - Statement Regarese - Reference to see or a computer pro-Background of the Brief Summary of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | m (e.g., PTO/SB/17) plicate for fee processing) all entity status.  [Total Pages 20 ] et forth below) f the invention to Related Applications ding Fed sponsored R & D uence listing, a table, ogram listing appendix te Invention of the Invention of the Drawings (if filed) tion Disclosure | s. ]        | (if ap                                                                                                                                                                                                                                                                                                                                      | CD-ROM or CD-R in a Computer Program (A cotide and/or Amino Aciplicable, all necessary)  Computer Readable cecification Sequence Li. CD-ROM or ii. paper  Statements verifying  CCOMPANYING A computer Readable cecification Sequence Li. CD-ROM or ii. paper  Statements verifying  CCOMPANYING A computer Readable cecification Sequence Li. CD-ROM or ii. paper  Statement Papers  37 CFR 3.73(b) Statement Readable computer Readable computer Readable cecification Discloss Statement (IDS)/PT | duplicate, appendix) d Sequen (CF) (CF) (CF) (CF) (CF) (CF) (CF) (CF) | arge to ce Subset Subse | eable or omission  or |
| a. Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed)  i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  6. Application Data Sheet. See 37 CFR 1.76                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                |             | 13. Preliminary Amendment  14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15. Certified Copy of Priority Document(s) (if foreign priority is claimed)  16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.  17. Other: Cert. of Express Mailing |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:  Continuation Divisional Continuation-in-part (CIP) Of prior application No.:  Frior application information: Examiner: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  19. CORRESPONDENCE ADDRESS |                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |
| Customer Number or Bar Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Correspond                                                            | ience ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | dress below                                               |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Paul A. Fattibene                                                                                                                                                                                                                                                                              |             |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Fattibene and Fattibene                                                                                                                                                                                                                                                                        |             |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2480 Post Road                                                                                                                                                                                                                                                                                 |             |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Southport                                                                                                                                                                                                                                                                                      | St          |                                                                                                                                                                                                                                                                                                                                             | СТ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Zip Code                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 06490                                                     |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | US                                                                                                                                                                                                                                                                                             | Telep       | hone                                                                                                                                                                                                                                                                                                                                        | 203-255-4400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Fá                                                                    | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 203-259-0033                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Paul A. Fattibene                                                                                                                                                                                                                                                                              | <del></del> | Reg                                                                                                                                                                                                                                                                                                                                         | istration No. (Attorne                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | y/Agent)                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 31,694                                                    |
| Name (Print/Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date                                                                  | 02/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7/2002                                                    |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date 02/21/2002                                                                                                                                                                                                                                                                                |             |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor

William B. Dragan and Gordon Rowe

Serial No.

Filed herewith Filed herewith

Filed For

DENTAL CAPSULE FOR PLACEMENT OF HIGH

VISCOSITY DENTAL COMPOSITE MATERIAL WITH

REDUCED EXTRUSION FORCE

**Attorney Docket** 

P-2354.CIP2

Box PATENT APPLICATION Commissioner for Patents Washington, D. C. 20231

## Certification of Express Mailing

I hereby certify that the above identified:

#### PATENT APPLICATION

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February 27, 2002

Date

Paul A. Fattibene Reg. No. 31,694

2480 Post Road Southport, Connecticut 06490

Tel.

(203)255-4400

Fax

(203)259-0033

PTO/SB/17 (10-01)
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## **FEE TRANSMITTAL** for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

| \$) | 452.00 |
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|--------------------------------------------------------------------------------------|--------------|--|--|--|
| Complete if Known                                                                    |              |  |  |  |
| Application Number                                                                   |              |  |  |  |
| Filing Date                                                                          |              |  |  |  |
| First Named Inventor                                                                 | DRAGAN et al |  |  |  |
| Examiner Name                                                                        |              |  |  |  |
| Group Art Unit                                                                       |              |  |  |  |
| Attorney Docket No.                                                                  | P-2354.CIP2  |  |  |  |

| METHOD OF PAYMENT FEE CALCULATION (continued)                                                     |                                                                                          |          |  |  |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------|--|--|
| 1. The Commissioner is hereby authorized to charge indicated fees and credit any overnayments to: | 3. ADDITIONAL FEES                                                                       |          |  |  |
| indicated fees and credit any overpayments to:  Deposit                                           | Large Small                                                                              |          |  |  |
| Account<br>Number 06-0250                                                                         | Entity Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)                        | Fee Paid |  |  |
| Deposit Account Fattibene and Fittibene                                                           | 105 130 205 65 Surcharge - late filing fee or oath                                       |          |  |  |
| Name Charge Any Additional Fee Required                                                           | 127 50 227 25 Surcharge - late provisional filing fee or cover sheet                     |          |  |  |
| Under 37 CFR 1 16 and 1.17  Applicant claims small entity status                                  | 139 130 139 130 Non-English specification                                                | -        |  |  |
| See 37 CFR 1 27                                                                                   | 147 2,520 147 2,520 For filing a request for ex parte reexamination                      |          |  |  |
| 2.                                                                                                | 112 920* 112 920* Requesting publication of SIR prior to Examiner action                 |          |  |  |
| FEE CALCULATION                                                                                   | 113 1,840* 113 1,840* Requesting publication of SIR after Examiner action                |          |  |  |
|                                                                                                   | 115 110 215 55 Extension for reply within first month                                    |          |  |  |
| 1. BASIC FILING FEE Large Entity Small Entity                                                     | 116 400 216 200 Extension for reply within second month                                  |          |  |  |
| Fee Fee Fee Fee Description                                                                       | 117 920 217 460 Extension for reply within third month                                   |          |  |  |
| Code (4) Code (4)                                                                                 | 118 1,440 218 720 Extension for reply within fourth month                                |          |  |  |
| 101 740 201 370 Utility filing fee 370.00                                                         | 128 1,960 228 980 Extension for reply within fifth month                                 |          |  |  |
| 107 510 207 255 Plant filing fee                                                                  | 119 320 219 160 Notice of Appeal                                                         |          |  |  |
| 108 740 208 370 Reissue filing fee                                                                | 120 320 220 160 Filing a brief in support of an appeal                                   |          |  |  |
| 114 160 214 80 Provisional filing fee                                                             | 121 280 221 140 Request for oral hearing                                                 |          |  |  |
|                                                                                                   | 138 1,510 138 1,510 Petition to institute a public use proceeding                        |          |  |  |
| SUBTOTAL (1) (\$) 370.00                                                                          | 140 110 240 55 Petition to revive - unavoidable                                          |          |  |  |
| 2. EXTRA CLAIM FEES                                                                               | 141 1,280 241 640 Petition to revive - unintentional                                     |          |  |  |
| Fee from Extra Claims below Fee Paid                                                              | 1 142 1,280 242 640 Utility issue fee (or reissue)                                       |          |  |  |
| Total Claims 18 -20** = 0 X =                                                                     | 143 460 243 230 Design issue fee                                                         |          |  |  |
| Independent 4 - 3** = 1 X 42.00 = 42.00                                                           | 144 620 244 310 Plant issue fee                                                          |          |  |  |
| Multiple Dependent                                                                                | 122 130 122 130 Petitions to the Commissioner                                            |          |  |  |
|                                                                                                   | 123 50 123 50 Processing fee under 37 CFR 1.17(q)                                        |          |  |  |
| Large Entity Small Entity                                                                         | 126 180 126 180 Submission of Information Disclosure Stmt                                | ····     |  |  |
| Fee Fee Fee Fee Fee Description Code (\$) Code (\$)  103 18 203 9 Claims in excess of 20          | 581 40 581 40 Recording each patent assignment per property (times number of properties) | 40.00    |  |  |
| 102 84 202 42 Independent claims in excess of 3                                                   | 146 740 246 370 Filing a submission after final rejection<br>(37 CFR § 1.129(a))         |          |  |  |
| 104 280 204 140 Multiple dependent claim, if not paid                                             |                                                                                          |          |  |  |
| 109 84 209 42 ** Reissue independent claims over original patent                                  | examined (37 CFR § 1.129(b))                                                             |          |  |  |
| 110 18 210 9 ** Reissue claims in excess of 20                                                    | 179 740 279 370 Request for Continued Examination (RCE)                                  |          |  |  |
| and over original patent                                                                          | 169 900 169 900 Request for expedited examination of a design application                |          |  |  |
| SUBTOTAL (2) (\$) 42.00                                                                           | Other fee (specify)                                                                      |          |  |  |
| **or number previously paid if greater. For Reissues see above                                    | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)                                      | 0.00     |  |  |

| SUBMITTED BY      |                   |                                          | Complete (if applicable) |              |  |  |
|-------------------|-------------------|------------------------------------------|--------------------------|--------------|--|--|
| Name (Print/Type) | Paul A. Fattibene | Registration No. (Attorney/Agent) 31,694 | Telephone                | 203-255-4400 |  |  |
| Signature         | Ban               |                                          | Date                     | 02/27/2002   |  |  |

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### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors

: William B. DRAGAN and Gordon ROWE

Serial No.

Filed herewith

Filed

Filed herewith

For

DENTAL CAPSULE FOR PLACEMENT OF HIGH VISCOSITY DENTAL

COMPOSITE MATERIAL WITH REDUCED EXTRUSION FORCE

Attorney Docket

P-2354.CIP2

Box PATENT APPLICATION Commissioner for Patents Washington, D. C. 20231

# Request For Application Not To Be Published (35 USC §122)

I hereby certify that the invention disclosed in the above-identified patent application being filed herewith has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication of applications 18 months after filing.

Therefore, it is requested that the above-identified patent application not be published after the expiration of a period of 18 months from the earliest filing date for which a benefit is sought.

2/25/ Date

2/2

hate'

2/25/62/

William B. DRAGAN

Inventor/Applicant

Gordon ROWE

Inventor/Applicant

Mel Drumm

President

Centrix, Inc.

Assignee